



Ifw.

Docket No.: N9810.0032/P032 (PATENT)

E UNITED SEASES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Harry A. Dugger, III

Application No.: 10/663,817

Filed: September 17, 2003 Art Unit: 1616

For: BUCCAL, POLAR AND NON-POLAR

SPRAY OR CAPSULE

Confirmation No.: 4051

Examiner: M. Haghighatian

INFORMATION DISCLOSURE STATEMENT (IDS)

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 CFR 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached PTO/SB/08. It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

This Information Disclosure Statement is filed more than three months after the U.S. filing date, OR more than three months after the date of entry of the national stage of a PCT application, AND after the mailing date of the first Office Action on the merits, whichever occurs first, but before the mailing date of a Final Office Action or Notice of Allowance (37 CFR 1.97(c)).

A summary/abstract translation of the non-English language references is enclosed.

10/10/2007 EEKUBAY1 00000039 10663817

01 FC:1806

180.00 OP

Application No.: 10/663,817 Docket No.: N9810.0032/P032

In accordance with 37 CFR 1.98(a)(2)(ii), Applicant has not submitted copies of U.S. patents and U.S. patent applications. Applicant submits herewith copies of foreign patents and non-patent literature in accordance with 37 CFR 1.98(a)(2).

In accordance with 37 CFR 1.97(g), the filing of this Information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information as defined in 37 CFR 1.56(a) exists. In accordance with 37 CFR 1.97(h), the filing of this Information Disclosure Statement shall not be construed to be an admission that any patent, publication or other information referred to therein is "prior art" for this invention unless specifically designated as such.

It is submitted that the Information Disclosure Statement is in compliance with 37 CFR 1.98 and the Examiner is respectfully requested to consider the listed references.

Please charge our Credit Card in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 04-1073, under Order No. N9810.0032/P032.

Dated: October 9, 2007

Respectfully submitted,

James W. Brady, Jr.

Registration No.: 32,115

Elizabeth Parsons

Registration No.: 52,499

DICKSTEIN SHAPIRO LLP

1825 Eye Street, NW

Washington, DC 20006-5403

(202) 420-2200

Attorneys for Applicant

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Complete if Known	
FEE TRANSMITTAL For FY 2008 X Applicant claims small entity status. See 37 CFR 1.27 Art Unit Harry A. Dugger, III	
FIRST Named Inventor Harry A. Dugger, III	
FIRST Named Inventor Examiner Name M. Harry A. Dugger, III X Applicant claims small entity status. See 37 CFR 1.27	
X Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1616	
METHOD OF PAYMENT (s) 180.00 Attorney Docket No. N9810.0032/P032 METHOD OF PAYMENT (check all that apply) Check	
Check Credit Card Money Order None Other (please identify):	
Check X Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee	
Examination Type Peo 13	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$)	
Charge fee(s) indicated below	
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION	
Fee S Mall Entity Fee S S Fee	
Test	
FILING FEES Small Entity Fee (\$) Fee (
Application Type	
Papelication Type	
Utility 310 155 510 255 210 105 Design 210 105 100 50 130 65 Plant 210 105 310 155 160 80 Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Fee (\$) Mail Entity Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claims 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee (\$) <td row<="" td=""></td>	
Design 210 105 100 50 130 65 Plant 210 105 310 155 160 80 Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Fee (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Small Entity Fee (\$) Fee (\$) Fee (\$) Fee (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Small Entity Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee Paid (\$)	
Plant 210 105 310 155 160 80 Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Multiple Dependent Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 = X = Fee Paid (\$)	
Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 = X = Fee Paid (\$)	
Provisional 210 105 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Pee (\$) 100	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	
Fee (\$) Fee (\$) Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims -20 = x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	
Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)	
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)	
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 = x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 = x = Fee Paid (\$)	
- 20 = x = Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims	
HP = highest number of total claims paid for, if greater than 20. Indep. Claims	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	
x =	
LID to high part as such as an included and advisory model from it assessment to an	
HP = highest number of independent claims paid for, if greater than 3.	
3. APPLICATION SIZE FEE	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)	
- 100 = /50 = (round up to a whole number) x =	
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00	
SUBMITTED BY	
The state of the s	
Signature Registration No. 52,499 Telephone (202) 420-2611	